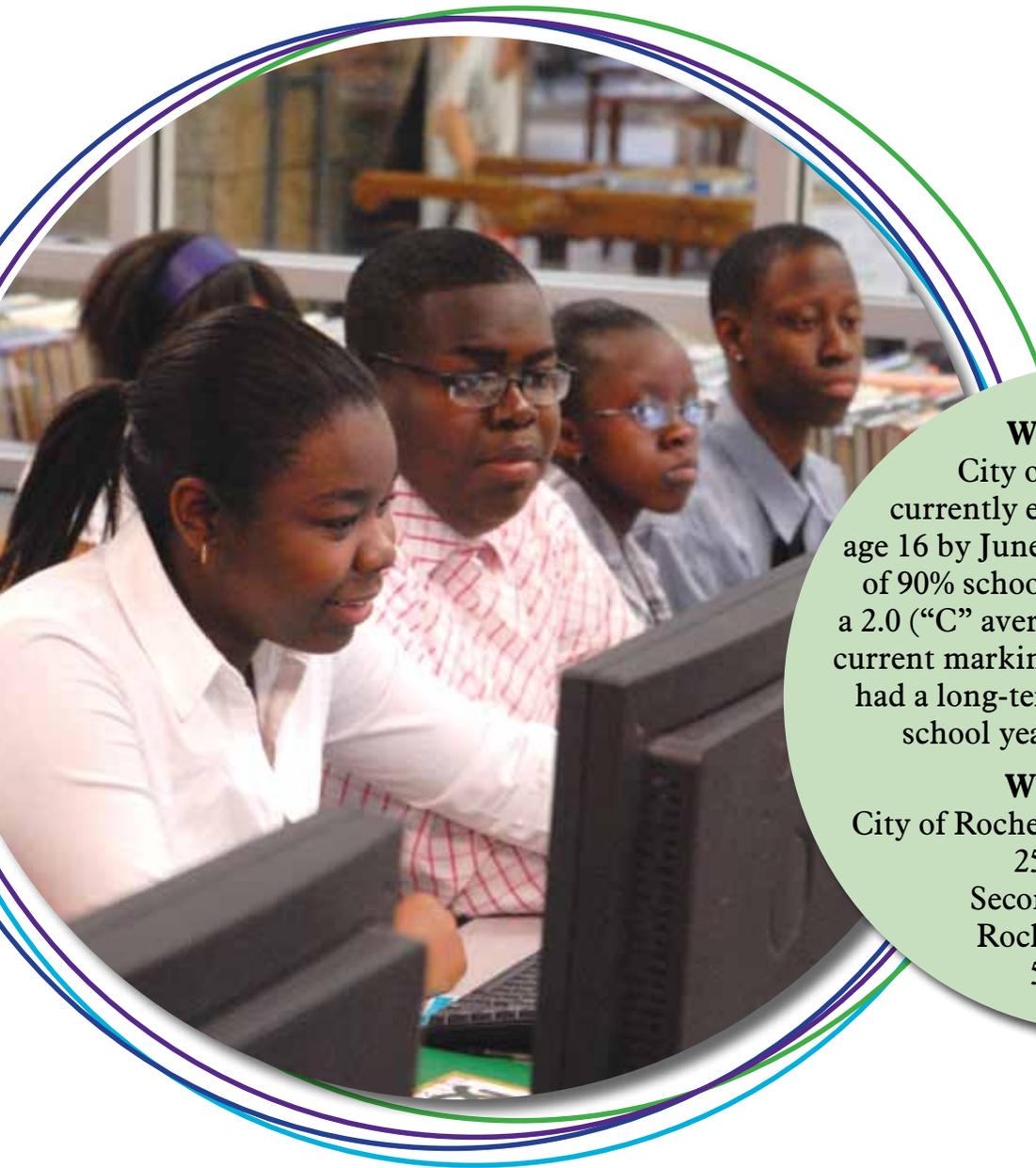


# Youth Training Academy Program

*Youth Training Academy is a job preparation program for students age 16 by June 30, that provides office training and opportunities for paid internships that expose them to the real world of work.*



## **Who is eligible?**

City of Rochester youth currently enrolled in high school, age 16 by June 30, who have a minimum of 90% school attendance for the year, a 2.0 ("C" average) or higher GPA for the current marking period and who have not had a long-term suspension during the school year are eligible to apply.

## **Where to apply?**

City of Rochester Youth Service Center  
25 Franklin St.,  
Second floor, Suite B5  
Rochester, NY 14604  
585-428-6342

## PERSONAL INFORMATION

Please print in ink.

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Demographic Information (Please check the appropriate description)

SEX:  MALE  FEMALE

ARE YOU HISPANIC?  YES  NO

RACE:  CAUCASIAN (WHITE)  BLACK

ASIAN

NATIVE HAWAIIAN/PACIFIC ISLANDER

NATIVE AMERICAN OR ALASKAN NATIVE

ADDRESS \_\_\_\_\_  
HOUSE# STREET CITY STATE ZIP

TELEPHONE# ( ) ALT/MSG# ( )

EMERGENCY CONTACT: EMAIL ADDRESS:

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
MONTH DAY YEAR

SCHOOL YOU ARE CURRENTLY ATTENDING \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_  
ATTACH A COPY OF MOST RECENT REPORT CARD

DO YOU HAVE AN INDIVIDUAL EDUCATION PLAN (IEP)?  NO  YES

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  NO  YES

IF YES, EXPLAIN \_\_\_\_\_

DO YOU HAVE ANY CERTIFICATIONS/LICENSE/PERMITS?  NO  YES

## WORK HISTORY OR VOLUNTEER EXPERIENCE

NAME OF WORK PLACE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_ DUTIES \_\_\_\_\_

VOLUNTEER  PAID

ATTACH ADDITIONAL WORK HISTORY OR VOLUNTEER EXPERIENCE IF NEEDED

## INTEREST/ SKILLS/ ABILITIES

LIST ANY SPECIAL SKILLS OR SPECIAL INTERESTS: \_\_\_\_\_

LIST ANY CLUBS, SPORTS OR ACTIVITIES IN WHICH YOU ARE INVOLVED: \_\_\_\_\_

LIST ANY AWARDS YOU HAVE RECEIVED IN THE PAST TWO YEARS: \_\_\_\_\_

**ESSAY: WHY SHOULD YOU BE CHOSEN FOR THIS PROGRAM?** \_\_\_\_\_

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Applicant Signature

Date

**AUTHORIZATION**

**SCHOOL ADMINISTRATOR:**

*This student has at least 90% attendance and no long-term suspensions (5 days or more) this school year plus has a "C" average or better for the current marking period.*

Name/Signature

Title

Phone#

Date

**PERMISSION SLIP**

I, \_\_\_\_\_ hereby give permission for the Youth Training Academy Program to record the image and/or voice of my child, \_\_\_\_\_ for brochures, websites or promotional materials.

*I understand that I will not be inform or reimbursed for such photographs or videos.*

Parent/Guardian Signature

Date

**BEFORE TURNING IN YOUR APPLICATION BE SURE:**

- IT IS FILLED OUT IN **INK**
- IT IS **SIGNED** BY:  YOU     PARENT OR GUARDIAN     SCHOOL ADMINISTRATOR
- A COPY OF THE MOST RECENT **REPORT CARD** IS ATTACHED
- RESUME** (IF YOU HAVE ONE) IS ATTACHED

After you turn in your application, it will be checked and then you will get a letter telling you the next steps. If you move or your telephone number changes, be sure you let the office know. If you have questions, call us at 428-6342.

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_

Application approved:  Yes  No

If no, reason:  GPA  Attendance  Long Term Suspension

Other \_\_\_\_\_